U.3. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6225	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / 31 / 2005	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name VINCENT CANGELOSI	Name HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707	
	Labor Organization File Number 033 - 570	
P.O. Box, Bldg., Room No., if any SUITE 300	P.O. Box, Building and Room Number, if any SUITE 300	
Street 14 FRONT STREET	Street 14 FRONT STRERT	
City HEMPSTEAD	City HEMPSTEAD	
State New York ZIP Code + 4 11550-3602	State New York ZIP Code + 4 11550-3602	
5. Position in labor organization. SECRETARY/TREASURER		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
City		
State ZJP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Vincin Cane, I am	On 05/10/2005 516-560-8503	
	Date Telephone Number	

Name of Person Filing VINCENT CANGELOSI	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Road Carriers Local 707 welfare fund	To Labor Organization	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any Suite 30.1.	c. Employer	
Street 14 Front Street	G. Employer	
City Hempstead		
State New York ZIP Code + 4 11550-3602		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Road Carriers Local 707 Welfare Fund	Union is the Collective Bargaining Agent for the participants in the Welfare Fund. Vincent Cangelosi is a Trustee on the Welfare Fund.	
Trade Name, if any:		
P.O. Box, Bldg Room No., if any Suite 301		
Street 14 Front Street	11.b. Approximate dollar value of such dealing. \$0	
City Hempstead	12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 11550-3602	Reimbursementfor attendance at one out of town Fund meeting and two out of town trustee meetings. Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.	
	12.b. Amount. $$1, \epsilon 10$	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

U.S. Department of Labor Office of Labor-Management Standards Washington, OC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0198 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 6225	2. Fiscal Year Covered From:
	1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name VINCENT CANGELOSI	Name HIGHWAY LOCAL MOTOR, TEAMSTERS LOCAL 707
	Labor Organization File Number 033-570
P.O. Box, Bldg., Room No., if any SUITE 300	P.O. Box, Building and Room Number, if any SUITE 300
Street 14 FRONT STREET	Street 14 FRONT STREET
City HEMPSTEAD	City HEMPSTEAD
State New York ZIP Code + 4 11550-3602	State New York ZIP Code + 4 11550-3602
5. Position in labor organization. SECRETARY 'I'REASURRR	
(except as specified in the exc	couse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of at <mark>ion represents</mark> or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
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	7.b. Amount.
Street	7.b. Amount.
Street	7.b. Amount.
	7.b. Amount.
City State ZIP Code + 4	7.b. Amount.
City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty	gnature of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the
State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa	gnature of Perjury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the

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Name of Person Filing VINCENT CANGELOSI	File Number U-	
B. Held an interest in or derived income or economic benefil with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Road Carriers Local 707 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 301 Street 14 Front Street City Hempstead State New York ZIP Code + 4 11550-3602	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Road Carriers Local 707 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 301	11.a. Nature of such dealing. Union is the Collective Bargaining Agent for the participants in the Pension Fund.Vincent Cangelosi is a Trustee on the Pension Fund.	
Street 14 Front Street	11.b. Approximate dollar value of such dealing. \$0	
City Hempstead	12.a. Nature of interest held or income received.	
State New York ZIP Code + 4 11550-3602	Reimbursementfor attendance at one out of town Fund meeting and two out of town trustee meetings Reimbursed expenses include registration fees, airfare, Hotel, rental car, parking, meals & Taxi.	
	12.b. Amount. \$1,610	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	